

VOLUNTEER APPLICATION

NAME:	DATE:
ADDRESS:	CITY/ZIP:
HOME PHONE:	CELL:
Email:	
Describe why you want to volunteer with the	City of Morgan Hill/YMCA.
Describe your volunteer experience.	
Describe any limitations on the volunteer wo stress, lack of transportation).	ork you can perform (for example: no heavy lifting, low
Languages you speak fluently other than Eng	lish:
Days/Times available to volunteer:	
Have you ever been convicted of any offense If yes, list offense and date:	other than a driving violation?

WAIVER & CONFIDENTIALITY AGREEMENT

I,	(name of volunteer) hereby acknowledge that I am voluntee	ring my time
to the City of	f Morgan Hill and Mt. Madonna YMCA at the Centennial Recreation Center.	
YMCA and City of facilities equipment, or herself and sur represents tha	ABILITY RELEASE: IN CONSIDERATION of being permitted to utilize the facilities, services and processory of Morgan Hill (or for my children to so participate) for any purpose, including, but not limited to obset on equipment, or participation in recreation programs including classes where the participants supply or participation in any off-site program affiliated with the YMCA or City of Morgan Hill, the undersigned, such participating children and any personal representatives, heirs, and next of kin, hereby acknowledge that he or she has, or immediately upon entering or participating will, inspect and carefully consider such the affiliated program. It is further warranted that such entry into the YMCA or City of Morgan Hill for obse	rvation or use their own for himself or s, agrees and premises and
of any facilities facilities and ed	es or equipment or participation in such affiliated program constitutes an acknowledgment that such pre equipment, including equipment supplied by the participant, thereon and such affiliated program have be considered and that the undersigned finds and accepts same as being safe and reasonably suited for t	mises and all een inspected
ANY PURPOSE PARTICIPATIO UNDERSIGNED	such observation, use or participation by the undersigned and such children. FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA AND CITY OF MORGA SE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, CON IN ANY OFF-SITE RECREATION PROGRAM AFFILIATED WITH THE YMCA OR CITY OF MORGED HEREBY AGREES TO THE FOLLOWING:	OR GAN HILL, THE
6 	THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREB WAIVES, AND DISCHARGES the YMCA, its directors, officers, employees, and agents, and City of M elected officials, officers, employees, agents and representatives(hereinafter referred to as "releasees liability to the undersigned or such children and all his personal representatives, assigns, heirs, and neany loss or damage, and any claim or demands therefor on account of injury to the person or property	organ Hill ') from all ext of kin for or resulting in
2.	death of the undersigned, whether caused by the negligence of the releases or otherwise while the un such children is in, upon, or about the premises or any facilities or equipment, including equipment supparticipant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREB CONVENANTS NOT TO SUE either the YMCA, its directors, officers, employees, and agents, or City	oplied by the Y of Morgan Hill
 	elected officials, officers, employees, agents and representatives(hereinafter referred to as "releasees' liability to the undersigned or such children and all his personal representatives, assigns, heirs, and no any loss or damage, and any claim or demands therefor on account of injury to the person or property death of the undersigned, whether caused by the negligence of the releases or otherwise while the unsuch children is in, upon, or about the premises or any facilities or equipment, including equipment supparticipant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill.	ext of kin for or resulting in dersigned or oplied by the
5 f	THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS and each of them from any loss, liability, damage or cost they may incur due to the presence of the un such children in, upon or about the YMCA or City of Morgan Hill premises or in any way observing or uf acilities or equipment, including equipment supplied by the participant, of the YMCA or City of Morgan participating in any program affiliated with the YMCA and City of Morgan Hill whether caused by the net the releasees or otherwise.	dersigned or Ising any Hill or
\ f	THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODIL DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees while in, about or upon the premises of the YMCA or City of Morgan Hill and/or while using the premise facilities or equipment, including equipment supplied by the participant, thereon or participating in any affiliated with the YMCA or City of Morgan Hill.	s or otherwise es or any program
! ! !	THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREB and authorizes the use and reproduction of any and all photographs and video which have been taken undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for the purposes of the YMCA and City of Morgan Hill, or anyone authorized by the YMCA or City of Morgan Hundersigned understands that no reimbursement will be given for allowing the undersigned or such chis personal representatives, assigns, heirs, and next of kin's photo or video to be taken and the use of video.	of the e promotional Hill. The ildren and all
intended to be a invalid, it is agre THE I INDEMNITY AG	E UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY As as broad and inclusive as is permitted by the law of the State of California and that if any portion thereofered that the balance shall, notwithstanding, continue in full legal force and effect. E UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the ment have been made. I HAVE READ THIS RELEASE.	of is held TY AND
Vol	Dlunteer Signature/Date Volunteer Supervisor//Date	
	Dozent Cinneture if Volunteer is under 10 years of one /Note	
	Parent Signature if Volunteer is under 18 years of age/Date	

EMERGENCY CONTACT

Volunteer:	
Local Emergency Contact:	
Relationship:	
Address:	
Phone (including area code):	
Out-of-area Emergency Contact:	
Relationship:	
Address:	
Phone (including area code):	
Insurance Provider:	
Include any special medical con	ditions (i.e. allergies, heart condition, etc.):